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COVER LETTER

THE SPACE STYLIST LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NORMAND A. ROCHA Name of Person UNIVERSAL LEGAL CENTER Firm/Company 2525 PONCE DE LEON BLVD. STE 300 Address CORAL GABLES, FL 33134 City/State and Zip Code raul@racampacpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: RAUL A. DE LA CAMPA, CPA PA Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO: . Registration Section

Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED 2024 APR 18 AM 10: 27

THE SPACE STYLIST LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number L20000200702	bility Company	were filed on $\frac{07/13/2}{}$		and assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
HAUTE POOL DESIGN LLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the design	ation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or re agent and/or the new registered office address	gistered office a	N/A address on our recor	ds, enter the name	of the new registered
Name of New Registered Agent: CARLI ROSE		PINO		
New Registered Office Address:	CARLI ROSE PINO 13805 EMERSON STREET, APT #409			
-	-	Enter Florida s	treet address	
	PALM BEACH	I GARDENS	Florida <u>3341</u>	.8
		City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A	N/A	N/A	□Add
			□Remove
			□Change
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